

Entered - 03/27/01 - sb
CL01L0189 - DIANNE C. MITCHELL

01- R-1144

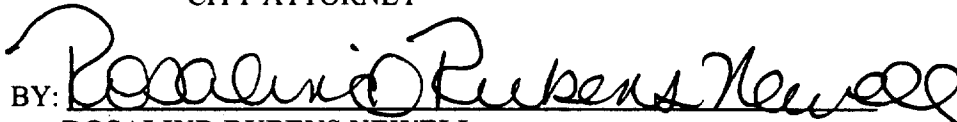
CLAIM OF: **STATE FARM INSURANCE COMPANIES AS
SUBROGEE OF MICHAEL NEWTON
P. O. Box 10003
Duluth, Georgia 30096-9403**

For damages alleged to have been sustained as a result of a vehicular accident on February 3, 2001 at Williams and 5th Streets.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES AS SUBROGEE OF MICHAEL NEWTON** the sum of **\$1,874.42** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on February 3, 2001 at Williams and 5th Streets as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0189

Date: July 2, 2001

Claimant/Victim STATE FARM INSURANCE COMPANIES AS SUBROGEE OF MICHAEL NEWTON

BY: (Atty)(Ins. Co.) _____

Address: P. O. Box 10003, Duluth, Georgia 30096-9403

Subrogation: X Claim for Property damage \$ 1,874.42 Bodily Injury \$ _____

Date of Notice: 03/26/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 02/03/01 Place: Williams and 5th Streets

Department Police Division: _____

Employee involved Hugh H. Henry Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way at the stop sign and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

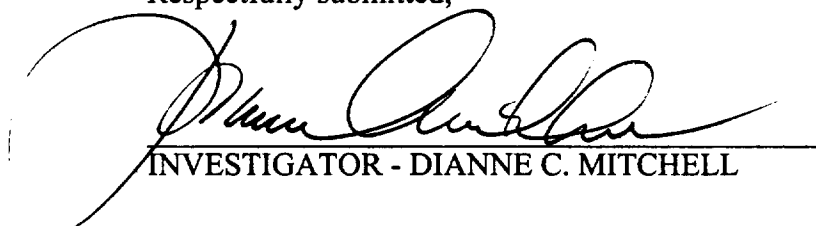
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,874.42 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: Dianne C. Mitchell Concur/date 07/02/01

Committee Action: _____ Council Action _____

State Farm Insurance Companies



March 21, 2001

Auto Claim Central
11350 Johns Creek Parkway
Post Office Box 10003
Duluth, Ga 30096-9403

Department Of Law
68 Mitchell St Sw. Ste 4100
Atlanta, GA 30335-0332

ENTERED - 3-27-01 - SB
01L0189 - DIANNE MITCHELL

Michael
03/26/01
Dr.

RE: Claim Number: 11-3615-599
Our Insured: Michael Newton
Date of Loss: February 3, 2001
Amount of Loss: Pending

Dear Sirs:

We are advised that you were involved in an accident on the above date with our insured. The information in our file indicates that you are responsible for this accident. Please provide us with the following information:

Do you have liability insurance? Yes _____ No _____

(If yes, please complete the following)

Insurance Company and/or agent name: _____

Address: _____

Policy/Claim Number: _____

Have you reported this accident to your Insurance
Company? Yes ____ No ____

If you do not have insurance, please forward the above amount to settle this account or contact this office to discuss payment terms.

Sincerely,

Tony Vismor

Tony Vismor, Team 1
Claim Representative
(800) 578-8001

State Farm Mutual Automobile Insurance Company

PS: Your Claim Number: 01L0168

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0189

\$ 1,874.42

IN CONSIDERATION of the sum of ONE THOUSAND EIGHT HUNDRED SEVENTY-FOUR AND 42/100 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, including but not limited to Hugh H. Henry, from any and all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident

which occurred on or about the 3rd day of February, 2001

at or near Williams Street and 5th Street

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 5th day of July, 2001.

Clifford Tucker (LS)
STATE FARM INSURANCE COMPANIES
AS SUBROGEE OF MICHAEL NEWTON

The above release was read and explained to, and signed by the said _____

_____ in our presence on the date above written.

[Signature]
[Signature]
WITNESSES

11-3615-599

01-2-1144